

OFFICE OF THE STATE CONTROLLER
STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2008-19
FIREARM HEARINGS FOR DISCHARGED INPATIENTS
OCTOBER 6, 2008

In accordance with Government Code (GC) Section 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state mandated cost programs. The following are claiming instructions and forms that eligible claimants will use for filing claims for the Firearm Hearings for Discharged Inpatients program. These claiming instructions are issued subsequent to the approval and adoption of the program's Reasonable Reimbursement Methodology (RRM) by the Commission on State Mandates (CSM).

On April 26, 2006, CSM determined that the test claim legislation established costs mandated by the State according to the provisions listed in the RRM. For your reference, the RRM is included as an integral part of the claiming instructions.

Requirements, Limitations, and Exceptions

1. The number of subject hearings must be supported by document(s) showing the names of the petitioners and their hearing dates.
2. Beginning in fiscal year 2009-2010, the Legislature may suspend the mandate for that fiscal year, or provide reimbursement in the annual Budget Act.
3. The rate for subsequent years will be adjusted by the implicit price deflator.
4. There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate.
5. The terms of the RRM will expire on June 30, 2010, unless the Department of Finance (DOF) and the county claimant submit a joint request for early termination of the RRM or the test claim statutes are repealed.
6. The terms of the RRM may be renewed if DOF and the county claimant jointly propose amendments or, after the term expiration date, propose the RRM remain in effect. Both parties may also elect to allow the RRM to expire on June 30, 2010, by notifying CSM that the county claimant will submit proposed parameters and guidelines (P's and G's) subject to CSM's procedures.

Eligible Claimants

Any county or city and county that has a district attorney's office and incurs increased costs as a result of this reimbursable state-mandated program is eligible to claim reimbursement of these costs at the rates established by the RRM.

Filing Deadlines

A. Reimbursement Claims

Initial reimbursement claims must be filed within 120 days from the issuance date of the claiming instructions. Costs incurred for compliance with this mandate pursuant to Welfare

and Institutions Code (WIC) Section 8103, subdivision (f), are reimbursable for the period September 29, 1999, to June 30, 2000, and fiscal years 2000-01 through 2006-07 and costs pursuant to WIC Section 8103, subdivision (g), are reimbursable for fiscal years 1998-99 through 2006-07, and must be filed with SCO and be delivered or postmarked on or before **February 3, 2009**. Claims for fiscal year 2007-08 must be filed with SCO and delivered and postmarked on or before **February 17, 2009**, before a late fee is assessed. **Claims filed more than one year after the deadline will not be accepted.**

B. Late Penalty

GC Section 17568 as amended by Chapter 6, Statutes of 2008, states that if a local agency, submits a reimbursement claim to SCO after the deadline as specified in GC Section 17560, the Controller will reduce the reimbursement claim in an amount equal to 10 percent of the amount that would have been allowed had the reimbursement claim been timely filed, provided that the amount of this reduction does not exceed ten thousand dollars (\$10,000).

C. Estimated Claims

Pursuant to AB 8, Chapter 6, Statutes of 2008, the option to file estimated reimbursement claims has been eliminated. Therefore, estimated claims filed on or after February 16, 2008, will not be accepted by SCO.

Minimum Claim Cost

GC Section 17564(a) provides that no claim may be filed pursuant to Sections 17551 and 17561, unless such claim exceeds one thousand dollars (\$1,000).

Certification of Claim

In accordance with the provisions of the Code of Civil Procedure Section 2015.5, an authorized officer of the claimant is required to provide a certification of claim stating: "I certify, (or declare), under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of GC Section 17561, for the costs mandated by the State and contained herein.

Audit of Costs

All claims submitted to SCO are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and the claim was prepared in accordance with SCO's claiming instructions and the RRM adopted by CSM. If any adjustments are made to a claim, a "Notice of Claim Adjustment" specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within 30 days after payment of the claim.

Pursuant to GC Section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency for this mandate is subject to the initiation of an audit by SCO no later than three years after the date that the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds are appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit shall commence to run from the date of initial payment of the claim.

In any case, an audit shall be completed no later than two years after the date that the audit was initiated. All documents used to support the reimbursable activities must be retained during the

period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. On-site audits will be conducted by SCO as deemed necessary.

Retention of Claiming Instructions

The claiming instructions and forms in this package should be retained permanently in your Mandated Cost Manual for future reference and use in filing claims. These forms should be duplicated to meet your filing requirements. You will be notified of updated forms or changes to claiming instructions as necessary.

Questions, or requests for hard copies of these instructions, should be faxed to Angie Lowi-Teng at (916) 323-6527 or e-mailed to ateng@sco.ca.gov. Or, if you wish, you may call Angie of the Local Reimbursements Section at (916) 323-0706.

For your reference, these and future mandated costs claiming instructions and forms can be found on the Internet at www.sco.ca.gov/ard/local/locreim/index.shtml.

Address for Filing Claims

Claims should be rounded to the nearest dollar. Submit a signed original and a copy of form FAM-27, Claim for Payment, and all other forms and supporting documents.

To expedite the payment process, please sign the form in blue ink, and attach a copy of the form FAM-27 to the top of the claim package.

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

Reasonable Reimbursement Methodology
Jointly Requested by the County of Los Angeles and the Department of Finance

Firearm Hearings for Discharged Inpatients (99-TC-11)
Welfare and Institutions Code Section 8103, Subdivisions (f) and (g)
Statutes 1999, Chapter 578

Initial Period of Reimbursement: July 1, 1998 through June 30, 2007
Budget Year: 2009-2010

Eligible Claimants: Counties and City and County
Approved: June 26, 2008

I. Summary of the Mandate

On April 26, 2006, the Commission on State Mandates (Commission) adopted its Statement of Decision finding that subdivisions (f) and (g) of section 8103 of the Welfare and Institutions Code (test claim statute) impose a reimbursable state-mandated program on county or city and county district attorneys' offices within the meaning of section 6 of article XIII B of the California Constitution and section 17514 of the Government Code for the district attorneys' activities in representing the People of the State of California in civil hearings.

Statutes 1999, chapter 578 established hearing procedures for persons detained for mental health treatment and evaluation, and eventually discharged, to challenge the firearm prohibition law through a civil hearing in superior court. Under the firearm prohibition law, the detained patient shall not own, possess, control, receive, or purchase a firearm for five years except as permitted pursuant to subdivisions (f) and (g) (subject hearings) of the test claim statute.

Reimbursable Activities

Any county or city and county that has a district attorney's office that incurs increased costs may claim reimbursement for the activities identified below at the rates established by the reasonable reimbursement methodology:

1. District attorney services required to process a case related to the subject hearings. Activities include, but are not limited to, performing necessary legal tasks to prepare and plead case at the hearing.
2. Legal secretary/paralegal services required to process a case related to the subject hearings. Activities include, but are not limited to, performing administrative functions necessary to process documents for the hearing.
3. Expert witness services required to provide consultation on a case related to the subject hearings. Activities include consulting services provided at the hearing.

These activities are reasonable methods of complying with a mandate pursuant to paragraph (4) of subdivision (a) of section 1183.1, Title 2, of the California Code of Regulations.

Reimbursement Period

The reimbursement period for the mandate begins September 29, 1999 for subdivision (f) of section 8103 of the Welfare and Institutions Code and begins July 1, 1998 for subdivision (g) of section 8103 of the Welfare and Institutions Code.

II. Reasonable Reimbursement Methodology

A reasonable reimbursement methodology means a formula for reimbursing local agencies for costs mandated by the state, as defined in section 17514 of the Government Code. A reasonable reimbursement methodology shall be based on cost information from a representative sample of eligible claimants, information provided by associations of local agencies, or other projections of local costs. A reasonable reimbursement methodology shall consider the variation in costs among local agencies to implement the mandate in a cost-efficient manner. Whenever possible, a reasonable reimbursement methodology shall be based on general allocation formulas, uniform cost allowances, and other approximations of local costs mandated by the state, rather than detailed documentation of actual local costs. (Gov. Code, § 17518.5.)

The Department of Finance and the County of Los Angeles (test claimant) collaboratively developed the following reasonable reimbursement methodology (RRM) rates to reimburse eligible claimants for all direct and indirect costs for the reimbursable activities specified in Section I above, pursuant to Government Code sections 17557.1-17557.2.

RRM Rates
For Fiscal Years 1998-99 to 2007-08

Fiscal Year	RRM Rate /Petitioned Case
1998-1999	\$36
1999-2000	\$41
2000-2001	\$46
2001-2002	\$51
2002-2003	\$56
2003-2004	\$61
2004-2005	\$66
2005-2006	\$71
2006-2007	\$76
2007-2008	\$81

The RRM allows each eligible claimant to be reimbursed based on the rates per petitioned case. The rate for subsequent years will be adjusted by the implicit price deflator.

State reimbursement shall be calculated by multiplying the RRM rate by the number of subject hearings pursuant to the test claim statutes for the specified year. The number of subject hearings shall be supported by document(s) showing the names of the petitioners and their hearing dates.

An eligible claimant may file a reimbursement claim pursuant to the State Controller's (Controller) claiming instructions. Pursuant to section 17561 of the Government Code, reimbursement for state-mandated costs may be claimed as follows:

1. For initial reimbursement claims for fiscal years 1998-1999 through 2006-2007, eligible claimants shall submit claims based on the RRM to the Controller within 120 days of the date the claiming instructions are issued.
2. An eligible claimant may, by February 15 following the fiscal year in which costs are incurred, file an annual reimbursement claim based on the RRM for costs incurred for that fiscal year.
3. In the event revised claiming instructions are issued by the Controller pursuant to subdivision (c) of section 17558 of the Government Code between November 15 and February 15, an eligible claimant filing an annual reimbursement claim shall have 120 days following the issuance date of the revised claiming instructions to file a claim.

If total costs for a given year do not exceed \$1,000, no reimbursement shall be allowed, except as otherwise allowed by section 17564 of the Government Code.

There also shall be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

III. Terms of Agreement

The terms of the reasonable reimbursement methodology agreement shall be in effect for two years and expire on June 30, 2010, unless the Department of Finance and the test claimant submit a joint request for early termination of the RRM pursuant to subdivision (a) of section 17557.2 of the Government Code or the test claim statutes are repealed.

The terms of subdivision (b) of section 6 of article XIII B of the California Constitution also shall apply to this agreement, and require that beginning in fiscal year 2009-2010, the Legislature shall suspend the mandate for that fiscal year, or provide reimbursement in the annual Budget Act.

IV. Amendment of Agreement

- A. At the conclusion of the term of this agreement established in Section III above, the Department of Finance and the test claimant agree to consider jointly whether amendments to the reasonable reimbursement methodology are necessary.
- B. The Department of Finance and the test claimant may do one of the following:
 - 1. Jointly propose amendments to the reasonable reimbursement methodology by submitting the information described in paragraphs (1), (3), and (4) of subdivision (b) of Government Code section 17557.2, and providing an estimate of the mandate's annual cost for the subsequent budget year.
 - 2. Jointly propose that the reasonable reimbursement methodology remain in effect.
 - 3. Allow the reasonable reimbursement methodology to expire and notify the Commission that the test claimant will submit proposed parameters and guidelines to the Commission pursuant to subdivision (a) of section 17557 of the Government Code.
- C. The Commission shall either approve the continuation of the reasonable reimbursement methodology or approve the jointly proposed amendments to the reasonable reimbursement methodology if the information submitted demonstrates that the proposed amendments were developed in accordance with section 17557.1 and meet the requirements of subdivision (a) of section 17557.2.

V. Record Retention

The document(s) used to support the application of a reasonable reimbursement methodology is subject to an audit by the Controller. The number of subject hearings claimed for reimbursement is subject to verification with records on file with the Department of Justice. The Controller may initiate an audit within three years of the date that the actual reimbursement claim is filed or last amended, whichever is later. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 FIREARM HEARINGS FOR DISCHARGED INPATIENTS			For State Controller Use Only (19) Program Number 00293 (20) Date Filed (21) LRS Input		PROGRAM <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">293</div>	
(01) Claimant Identification Number			Reimbursement Claim Data			
(02) Claimant Name			(22) FORM-1, (03)			
Address			(23) FORM-1, (04)			
			(24) FORM-1, (05)			
			(25) FORM-1, (06)			
Type of Claim	Estimated Claim	Reimbursement Claim	(26)			
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input type="checkbox"/>	(27)			
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)			
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)			
Fiscal Year of Cost	(06)	(12)	(30)			
Total Claimed Amount	(07)	(13)	(31)			
Less: 10% Late Penalty (refer to claiming instructions)		(14)	(32)			
Less: Prior Claim Payment Received		(15)	(33)			
Net Claimed Amount		(16)	(34)			
Due from State	(08)	(17)	(35)			
Due to State		(18)	(36)			
(37) CERTIFICATION OF CLAIM <p>In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.</p> <p>I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amounts for the Reimbursement Claim are hereby claimed from the State for payment of actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> Signature of Authorized Officer <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/> </div> <div style="width: 45%;"> Date <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> Type or Print Name (38) Name of Contact Person for Claim <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/> </div> <div style="width: 45%;"> Title Telephone Number E-mail Address <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/> </div> </div>						

Program 293	FIREARM HEARINGS FOR DISCHARGED INPATIENTS Certification Claim Form Instructions	FORM FAM-27
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- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street or P. O. Box address, City, State, and Zip Code.
- (03) Leave blank.
- (04) Leave blank.
- (05) Leave blank.
- (06) Leave blank.
- (07) Leave blank.
- (08) Leave blank.
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of the reimbursement claim from Form-1, line (07). The total claimed amount must exceed \$1,000.
- (14) Reimbursement claims must be filed by **February 15** of the following fiscal year in which costs were incurred or the claims will be reduced by a late penalty. Enter zero if the claim was timely filed, otherwise, enter the product of multiplying line (13) by the factor 0.10 (10% penalty), not to exceed \$10,000.
- (15) If filing a reimbursement claim or a claim was previously filed for the same fiscal year, enter the amount received for the claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (28) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (28) for the reimbursement claim, e.g., Form-1, (03), means the information is located on Form-1, line (03). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the payment process.**
- (37) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the agency's authorized officer, and must include the person's name and title, typed or printed. **Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)**
- (38) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

SUBMIT A SIGNED ORIGINAL, AND A COPY OF FORM FAM-27, WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:

Address, if delivered by U.S. Postal Service:

**OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 P.O. Box 942850
 Sacramento, CA 94250**

Address, if delivered by other delivery service:

**OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 3301 C Street, Suite 500
 Sacramento, CA 95816**

Program 293	MANDATED COSTS FIREARM HEARINGS FOR DISCHARGED INPATIENTS CLAIM SUMMARY		FORM 1
(01) Claimant		(02)	Fiscal Year ____ / ____
Claim Statistics			
(03) Number of subject hearings during this fiscal year			
Fiscal Year		RRM Rate per Petitioned Case	
1998-1999		\$36	
1999-2000		\$41	
2000-2001		\$46	
2001-2002		\$51	
2002-2003		\$56	
2003-2004		\$61	
2004-2005		\$66	
2005-2006		\$71	
2006-2007		\$76	
2007-2008		\$81	
(04) Total Direct and Indirect Costs		(Line (03) x RRM rate for fiscal year from table above)	
Cost Reduction			
(05) Less: Offsetting Savings			
(06) Less: Less Other Reimbursements			
(07) Total Claimed Amount		(Line (04) – {(line (05) + line (06))}]	

Program 293	MANDATED COSTS FIREARM HEARINGS FOR DISCHARGED INPATIENTS CLAIM SUMMARY	FORM 1
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year of claim.
- (03) Enter the number of subject hearings that occurred during the fiscal year of claim.
- (04) Total Direct and Indirect Costs. Enter the product of line (03) times the RRM rate for the fiscal year of claim from the table.
- (05) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (06) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (07) Total Claimed Amount. Line (05) less the sum of line (05) plus line (06). Enter the total on this line and carry the amount forward to form FAM-27, line (13) for the Reimbursement Claim.